

**Classroom Sensory Checklist**

FORM COMPLETED

BY: \_\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ DOB \_\_\_\_\_

**Touch**

- Become fearful, aggressive, or anxious with unexpected touch (standing/walking in line, during circle time, gym)
- Dislikes having glue, paint, tape, play-doh, etc. touching hands
- Washes hands excessively during/after "messy" activities
- Difficulty tolerating close, or hand-over-hand assistance
- Excessively touches people or objects
- Mouths objects frequently (clothes, pencils, etc.)
- Doesn't seem to notice when hands/face are dirty
- Rubs skin on a spot where touched
- Overreacts/underreacts to pain

**Comments:**

**Vestibular**

- Constantly moving- in chair, standing in line, at recess (tips chair, fidgets with objects, seeks swinging/sliding)
- Poor balance/coordination (clumsy)
- Fearful of swinging, slides, spinning, etc. on playground equipment
- Has difficulty with visual tracking, easily loses place while reading, copying from board, etc.
- Becomes anxious when feet leave the ground or head is inverted
- Fearful of climbing/descending stairs, hold tightly to handrails

**Comments:**

**Proprioception**

- Has a weak grasp
- Tires easily
- Uses too much/too little pressure while writing
- Rips paper when erasing often
- Frequently drops objects
- Chews on objects often while working
- Seeks heavy jumping, crashing, bumping activities with peers/objects
- Kicks feet on desk/floor/chair frequently

**Comments:**

**Visual**

- Spins/shakes objects and watches them
- Difficulty putting puzzles together
- Looks intently at objects/people
- Has trouble finding objects against cluttered background (objects on desk, cubby, on worksheet, etc.)
- Seems sensitive to bright lights, prefers dim lighting
- Easily distracted by visual input (movement in hallway or window, decorations, etc.)
- Loses place easily when reading, difficulty copying from board

**Comments:**

**Auditory**

- Does not respond when you call their name (when you know hearing is ok)
- Startles frequently
- Overly anxious/distressed with fire alarm, convocations in gym
- Covers ears frequently
- Easily distracted by auditory input from hallway/classroom
- Overly sensitive to background noise (air conditioner, pencil sharpener, radio, etc.)

**Comments:**

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

OT Evaluation: \_\_\_\_\_ Needed \_\_\_\_\_ Not needed

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_ Page 2